THINGS YOU SHOULD KNOW ABOUT TRANSITIONS OF CARE

What are transitions of care?
- When patients move from an inpatient setting to an outpatient setting. Often the transition is from hospital to home.
- The transition can be hard on patients and their families and other caregivers as they adjust to new routines and responsibilities.
- Careful planning and coordination and effective communication can ease the transition.

Who should be involved in discharge planning?
- Patient.
- Hospital staff (nurses, therapists, and doctors involved in patient care).
- Primary care doctor.
- Home care nurse
- Pharmacist (for prescription information).
- Family and any other caregivers.

What are the risks of transitions of care?
- Patients are at risk for complications after hospital discharge, such as needing rehospitalization due to medication errors, inadequate medical follow-up, and other medical management problems.

What can improve transitions of care?
- Anticipate the hospital discharge and discuss with your hospital-based health care providers about when you’ll be going home and what to expect.
- A discharge instruction to patients outlining important, understandable, and well-structured information about diagnosis (reason for hospitalization), a reconciled medication list, a follow-up appointment plan with their primary care provider, test and study results that need further follow-up, list of warning signs with instructions on what to do, and whom to contact in case questions arise after going home.
- Timely communication between the hospital doctors and your primary care doctors.
- Access to resources for posthospital care.
- A visit with your primary care physician soon after discharge, which allows him or her to assess your progress, provide any needed treatment, and answer questions about your care.

For More Information

www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2312
A guide on hospital discharge planning for families and caregivers from the Family Caregiver Alliance.

http://nextstepincare.org/
http://nextstepincare.org/Caregiver_Home/What_Do_I_Need/
www.caretransitions.org/caregiver_resources.asp
Web sites to help caregivers and health care providers work together towards achieving safe transitions of care.

Acknowledgment
The authors would like to thank Dr. Mark Williams, Professor of Medicine, Northwestern University, for comments on an earlier version of draft of this manuscript.